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ABSTRACT

This report provides information about state monitoring practices on the implementation of the Individuals with Disabilities Education Act, Part C program that provides early intervention services for infants and toddlers with disabilities. The findings reported summarize responses from 10 states with a variety of Part C lead agencies. In five states, the lead agency is the state education department (Colorado, Maryland, Michigan, Oregon, and South Dakota); in two the lead agency is the state health department (Florida and Rhode Island); in another two the lead agency is a state department of mental retardation services (Connecticut and Virginia); and in one, the lead agency is the state's department of health and human services (New Hampshire). The number of children served ranged from 947 in Rhode Island to 24,655 in Florida. Information from the states indicates most agencies use a traditional cyclical approach to monitoring, including pre- and on-site activities resulting in a written report and some sort of improvement plan. Elements of the Office of Special Education Program s monitoring process were evident in the data provided, including use of self-assessments, focused monitoring, improvement plans instead of corrective action plans, and viewing monitoring as a continuous and data-driven process. (Contains 10 references.) (CR)

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Quick Turn Around

Project FORUM

QTA – A brief analysis of a critical issue in special education

Part C Monitoring Systems in 10 States

October 2002

by Jennifer Tschantz

Purpose

This *Quick Turn Around (QTA)* provides information about state monitoring practices on the implementation of Part C of the Individuals with Disabilities Education Act (IDEA) at the local level.[1] Part C outlines early intervention services for infants and toddlers with disabilities and their families. For the first time, data on Part C monitoring was collected from 10 states, as part of the *Profiles of State Monitoring Systems 2001* survey conducted by the Regional Resource and Federal Centers (RRFC) Network and the National Early Childhood Technical Assistance System (NECTAS).[2] Project FORUM at the National Association of State Directors of Special Education (NASDSE) summarized this survey data as part of its Cooperative Agreement with the U.S. Department of Education's Office of Special education Programs (OSEP).

Background

Profiles of State Monitoring Systems: 1994, 1997, 2001

In 1994 and 1997 the Regional Resource Centers (RRC) Network surveyed state education agencies (SEAs) on practices used to monitor the implementation of the IDEA at the local level. These surveys are entitled *Profiles of State Monitoring Systems 1994 and 1997*, respectively, and focus on SEA monitoring of local education agencies' (LEAs) special education programs under Part B of the IDEA (programs for children with disabilities ages 3 through 21). The RRFC Network and NECTAS conducted the most recent survey of state monitoring practices in 2001 (*Profiles of State Monitoring Systems 2001).* In addition to surveying all SEAs in 2001 on their monitoring of Part B programs, for the first time, several state Part C lead agencies were asked to respond to a survey on their monitoring practices for Part C of the IDEA (services for children with disabilities, birth through age three, and their families).

State monitoring of Part B has evolved over the years, and changes have been analyzed and reported in several Project FORUM documents (Ahearn, 1992, 1995, 1998, 2000). Recently, Project FORUM staff described state Part B monitoring changes from 1997 to 2001 by analyzing and comparing responses in the 1997 and 2001

[1] A special thank you is extended to Hal Black and Luzanne Pierce from NECTAC for their substantive comments in review of this document.

[2] It should be noted that the information summarized in this *QTA* was based solely on the *Profiles of State Monitoring Systems 2001* and follow-up interviews with states were not conducted.

Profiles documents (Tschantz, 2002). This *QTA* complements the previous Project FORUM monitoring documents by reporting what is known about state Part C monitoring.

OSEP Monitoring of Part C

Services for infants and toddlers with disabilities authorized by the IDEA were established in 1986 under what is now referred to as Part C. Prior to 1986, states provided services for children with disabilities under the age of three through a variety of public and private agencies. Recognizing this diversity across states, Congress gave states flexibility in developing their Part C systems. For example, states were given the flexibility to determine the lead agency for administering Part C. As a result, state Part C lead agencies include a variety of agencies, e.g., departments of education, health, health and human services, and other social services. OSEP has monitored SEAs for their compliance with Part B since 1975. OSEP monitoring of Part C has evolved over time as Part C systems developed in the states and as OSEP's monitoring approach evolved into the Continuous Improvement Monitoring Process (CIMP, described below). Since 1998, the states that are monitored by OSEP (using CIMP) are typically jointly monitored for compliance with Part C and Part B.

CIMP is built on eight critical themes: (a) continuity; (b) partnership with stakeholders; (c) state accountability; (d) self-assessment; (e) data-driven; (f) public process; (g) technical assistance; and (h) evidence of change that improves results for children with disabilities and their families. CIMP is an on-going process and includes:

- self assessment;
- data collection by OSEP in selected states;
- improvement planning;
- implementation of improvement strategies;
- verification and consequences; and
- review and revision of self assessment.

OSEP customizes its monitoring based on the needs of individual states and organizes monitoring around the following five "clusters" for Part C (there are an additional four "clusters" for Part B):

- general supervision;
- child find and public awareness;
- early intervention services in natural environments;
- family-centered systems of services; and
- early childhood transition.

More information on CIMP is available in the *23rd Annual Report to Congress on the Implementation of IDEA* (U.S. Department of Education, 2001, pp. IV-1-6).

In addition to CIMP, focused monitoring has been discussed at the federal level and a model is currently being developed by a group of stakeholders. This stakeholders group includes state Part C coordinators and is identifying priorities and indicators for focused federal monitoring for both Part B and Part C. The federal model being developed ". . . focuses on a small number of outcome-oriented priorities and has clearly defined accountability actions, including sanctions, for failure to meet objective, data-supported standards" (Focused Monitoring Workgroup Draft Document, July 2002).

State Agency Responsibilities for Part C

The general supervision responsibilities for Part C belong to each state's chosen lead

agency [See IDEA P. L. 105-17, 20 U.S.C Sec. 1435(a)(10) in the Appendix]. Given the various Part C lead agencies among the states, different state agencies are responsible for implementing and monitoring Part C. For example, in Maryland, the lead agency for Part C is the SEA. Maryland's SEA has the authority and responsibility to oversee the implementation of both Part B and C. In Florida, the Part C lead agency is the state health department. Therefore Florida's health department has the responsibility to oversee the implementation of Part C and the SEA has the responsibility to oversee the implementation of Part B.

Methodology

Since many Part C lead agencies were in the process of developing their monitoring procedures, OSEP identified a number of states that could submit information on monitoring as part of the *Profiles of State Monitoring Systems 2001* survey. Ultimately, eleven lead agencies submitted Part C monitoring information including questionnaire responses and narrative summaries. One of the eleven lead agencies did not submit questionnaire responses and is therefore not included in the summary of findings below.

The findings reported summarize responses from 10 states, with a variety of Part C lead agencies. In five of these states, the lead agency is the state education department (Colorado, Maryland, Michigan, Oregon and South Dakota); in two, the lead agency is the state health department (Florida and Rhode Island); in another two the lead agency is a state department of mental retardation services (Connecticut and Virginia); and in one, the lead agency is the state's department of health and human services (New Hampshire).

Findings

Monitoring Scope and Personnel

The number of children served under Part C in the participating states ranged from 947 in Rhode Island to 24,655 in Florida.[3] Not surprisingly, the number of local/regional programs monitored also varied, ranging from seven in Rhode Island to 57 in Michigan.

Since Part C systems are designed differently across states and are often networks of programs, the entities that are actually monitored by the lead agency can vary. This was evident in the narrative summaries. Several respondents specifically described who they monitored for Part C including: communities, local lead agency, public and private providers, early intervention program, local service areas, local interagency coordinating councils (ICCs), specialty providers (for children with specific disabilities), vendor agencies and participating agencies. For example, Connecticut monitors 42 programs that are either contracted with, or operated by, the lead agency. In Virginia local ICCs are responsible for designing and implementing early intervention services, therefore Virginia monitors local ICCs and participating agencies.

The number of state staff assigned to Part C monitoring responsibilities varied across states, ranging from two in Virginia to 15 in Oregon. However, in most states, Part C monitoring is not the full time responsibility of these state staff. For example, there are nine state staff assigned monitoring responsibilities in Connecticut, but they represent only 1.5 full time equivalents (FTE). Lead agencies reported that Part C

[3] Michigan did not provide the number of children served.

monitoring responsibilities represented FTEs ranging from .7 in New Hampshire to 4.5 in Oregon.

Monitoring Cycles and Activities

Part C systems in these 10 states are monitored on a cyclical basis, ranging from every two to six years across states. State lead agencies review a wide variety of data sources as part of monitoring including: child and family records (10 states); local self-assessment (9 states); local policies and procedures (9 states); local interagency agreements (8 states); child count (8 states); and applications for funding (8 states). Additionally, nine lead agencies reported they maintain a comprehensive database on local programs. In order to gather information from parents and service providers, lead agencies reported that various data-gathering methods are used, including: interviews (10 states); telephone surveys (9 states); mail surveys (5 states); focus groups (4 states); and public hearings (3 states). The timing of data collection and review in the monitoring process varies from state to state. Typically, data are collected and reviewed as part of pre-site visit or on-site visit activities.

Nine lead agencies clearly described using on-site visits as part of monitoring, although in two of these, on-site monitoring visits are conducted as needed (on-site monitoring decisions are based on self-assessments and desk reviews). Six lead agencies described developing a written report, including strengths and weaknesses of the local Part C system, to communicate monitoring findings. One lead agency conducts an exit interview with local program directors to share a summary of findings In response to monitoring findings, seven lead agencies described requiring local Part C systems to develop plans—five require locals to develop an improvement plan and two require locals to develop a corrective action plan.

Focused Monitoring

Seven of the ten lead agencies reported that focused monitoring is incorporated into their monitoring of Part C. Five provided details on their focused monitoring in their narrative summaries:

- Colorado uses focused monitoring as follow-up in between the four-year cyclical monitoring and for smaller communities.
- Connecticut will use focused monitoring after all of their 42 early intervention programs have gone through the full cyclical monitoring process.
- New Hampshire has specific indicators that provide a framework for focused monitoring.
- Maryland bases focused monitoring on the results of the local self-assessment.
- Virginia plans to use focused monitoring to assist programs that are struggling.

Rhode Island was one of the states that reported not using focused monitoring; however, in their narrative summary they described placing special emphasis on transition, natural environments and family-centered services in their monitoring activities.

Joint Monitoring with Part B

Five of the ten lead agencies reported that Part C monitoring is conducted jointly with Part B. The SEA is the Part C lead agency in these five states.

Local Self Assessments

Nine of the 10 lead agencies reported that local self-assessments are conducted and

reviewed as part of monitoring. South Dakota was the only state that reported not using self-assessments; however, it is considering using self-assessments in the future. Six of the nine indicated they provide a standardized format for their locals. Five lead agencies described the use of local self-assessment in their narrative summaries. Similar to OSEP's CIMP, three use the local self-assessment as the first step in the monitoring process. In these states, the local self-assessment is considered the cornerstone of monitoring and one of the purposes of on-site monitoring is to validate its findings. In the other two that provided self-assessment descriptions, a review of the self-assessment assists in determining which localities receive on-site monitoring. In one state, each local program conducts a self-assessment annually.

Use of Quality or Outcome Measures

Lead agencies were asked whether or not they use quality or outcome measures in monitoring and whether or not they use such indicators in reviewing Individual Family Service Plans (IFSPs). Eight indicated they include quality or outcome measures in their monitoring and five of these use such indicators in reviewing IFSPs.

In the narrative summaries, several lead agencies elaborated on how quality or outcome measures are used in monitoring. For example, Colorado uses quality and outcome measures to review annual community applications for Part C funds and other activities during monitoring. Connecticut has developed 30 Part C monitoring outcomes that have specific indicators linked to data sources.

Technical Assistance and Monitoring

Only four of the ten lead agencies indicated that they provided planned technical assistance (TA) during monitoring visits. However, eight lead agencies aggregate monitoring data to focus statewide TA resources. Various links between TA and monitoring were described by seven lead agencies in their narrative summaries. For example, in Michigan one objective of monitoring is to target TA efforts towards identified areas of need. Florida stated that TA staff play a significant role in monitoring, including being a member of on-site review teams. Virginia reviews TA requests and activities as a data source in monitoring. Three lead agencies indicated that TA is often outlined in local monitoring reports and improvement plans.

Elements of Interagency Collaboration and Family Involvement in Monitoring

The focus on interagency efforts and family involvement in Part C is reflected in state monitoring practices. Interagency teams are responsible for at least one component of monitoring in most of the ten participating states. Five specifically described using state interagency teams that include parent members to conduct monitoring activities. For example, in Colorado four agencies are involved in monitoring and the on-site monitoring teams include representatives from the state interagency coordinating council (ICC) and the lead agency, as well as parents and professional peers. In Maryland, state monitoring teams include two state ICC members (one of these is a parent member).

Local interagency groups play specific roles in monitoring in some states. As noted earlier the local ICCs in Virginia (along with agencies providing services) are the entity

that is monitored by the state lead agency. Michigan respondents indicated their local ICCs are responsible for reviewing and carrying out the improvement plan developed after monitoring. Interagency teams and collaborative partners are a source of data in monitoring. For example, each of the 16 early intervention programs in Florida develops a "community plan" which is reviewed as part of monitoring. In New Hampshire, as part of local self-assessments, "other" professionals who collaborate with early intervention staff are asked to fill out a survey rating the quality of services being provided by the local early intervention program.

In addition to being members of monitoring teams families play important roles in monitoring, particularly in the collection of information and as an important data source. For example, in Connecticut parent-provider teams conduct the on-site interviews. In the narrative summaries, six states described using interviews, surveys or parent focus groups as part of their monitoring process.

Concluding Remarks

Thus far, very little information has been gathered about how state lead agencies monitor local early intervention systems on the implementation of Part C. The inclusion of 10 Part C lead agencies in the *Profiles of State Monitoring Systems 2001* (RRFC Network and NECTAS, 2001) marks the beginning of the development of a knowledge base in this area. It is expected that more Part C lead agencies will participate in the next *Profiles* survey.

Information from these 10 states indicates that most lead agencies use a traditional cyclical approach to monitoring, including pre and on-site activities resulting in a written report and some sort of improvement plan. Elements of OSEP's monitoring process were evident in the data provided, including use of self-assessments, focused monitoring, improvement plans instead of corrective action plans and viewing monitoring as a continuous and data-driven process.

Future editions of the *Profiles* survey and other research of this type will expand the knowledge base and clarify the nature of state-level Part C monitoring. Because of the similarities and differences in Part B and C of IDEA, one monitoring topic needing further examination is the relationship between the SEA and the state Part C lead agency—particularly when these are different agencies. Analysis of how the overlapping responsibilities in Part B and C—transition from Part C to Part B and child find requirements[4]—are monitored could also provide useful information to states.

[4] Part C to B transition IDEA requirements are outlined in 34 CFR §300.132 and 34 CFR §303.148. IDEA child find requirements are outlined in 34 CFR §300.125 and 34 CFR §303.321.

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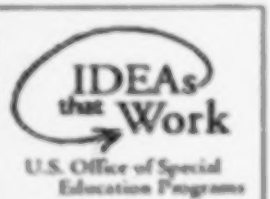

Appendix

REQUIREMENTS FOR STATEWIDE SYSTEM.

(a) IN GENERAL.—A statewide system described in section 633 shall include at minimum, the following components:

(10) A single line of responsibility in a lead agency designated or established by the Governor for carrying out—

(A) the general administration and supervision of programs and activities receiving assistance under section 633, and the monitoring of programs and activities used by the State to carry out this part, whether or not such programs or activities are receiving assistance made available under section 633, to ensure that the State complies with this part;

(B) the identification and coordination of all available resources within the State from Federal, State, local, and private sources;

(C) the assignment of financial responsibility in accordance with section 637(a)(2) to the appropriate agencies;

(D) the development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families under this part in a timely manner pending the resolution of any disputes among public agencies or service providers;

(E) the resolution of intra- and interagency disputes; and

(F) the entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law)and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination.

[20 U.S.C. Chapter 33, Sec. 1435(a)(10)]

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